990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A F	or th	e 2019	calendar year, or tax year beginning , 2019, a	nd ending				, 20				
_			C Name of organization		D	Employer ider	ntifica	ation numb	er			
ВС	heck if a	applicable:	ORT AMERICA, INC.			13-5562	242	4				
	Addr chan	ess ne	Doing business as									
	7	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E	E Telephone number						
	+	l return	75 MAIDEN LANE	10	((212) 505-7700						
	Final	return/	City or town, state or province, country, and ZIP or foreign postal code									
	Ame		NEW YORK, NY 10038		G	Gross receipts	\$	16,	353,	808.		
		cation	F Name and address of principal officer: BARBARA BIRCH		_	(a) Is this a grou			Yes	X No		
	_ pend	ing	75 MAIDEN LANE, NEW YORK, NY 10038		н	subordinates' (b) Are all subordi		ncluded?	Yes	No		
$\overline{}$	Тах-ех	empt st		527		` '		list. (see instr	L			
			ORTAMERICA.ORG	1 021	Н	(c) Group exemp		•	,			
			nization: X Corporation Trust Association Other	L Year of for		: 1969 M s			micile.	NY		
	art I		ımmary					01 10gai a01				
	1		v describe the organization's mission or most significant activities: THE ADV	JANCEMENT	OF	JEWISH A	AND	OTHER				
Φ	•		PLE THROUGH TRAINING AND EDUCATION									
anc anc												
Governance	2	Chack	this box if the organization discontinued its operations or disposed	of more than 2	25% of	ite not accets						
Š	3		per of voting members of the governing body (Part VI, line 1a)				3			29.		
∞ ∞	4		er of independent voting members of the governing body (Part VI, line 1b)				4			29.		
ies	5		number of individuals employed in calendar year 2019 (Part V, line 2a)				5			52.		
Activities &	6						6			150.		
Act	_		number of volunteers (estimate if necessary) unrelated business revenue from Part VIII, column (C), line 12				7a		249,			
	l						7 a		216,			
	D	ivet ui	nrelated business taxable income from Form 990-T, line 39			Prior Year	7.0		ent Ye			
	8	Contri	ibutions and grants (Part VIII, line 1h)			2,549,80	7			593.		
Revenue	9		am service revenue (Part VIII, line 2g)	ION		2,317,00	0.		<u> </u>	0.		
Ver	10			!・- ├─		549,22			482	926.		
æ			tment income (Part VIII, column (A), lines 3, 4, and 7d)			53	_			895.		
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1:	3,099,56	-	14	105,			
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			5,055,56 5,759,66				445.		
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			3,732,00	0.	<u> </u>	1,1,	0.		
	14		its paid to or for members (Part IX, column (A), line 4)	II.		3,644,05		3	884			
ses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5–10).			3,011,03	0.	3,884,999.				
Expenses			ssional fundraising fees (Part IX, column (A), line 11e) 693,216.				0.					
Ä			Turidianing expenses (Full IX, column (B), line 20)			2,635,22	4	3	101	913.		
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			3,038,94				357.		
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		т.	60,61				057.		
- S	19	Rever	nue less expenses. Subtract line 18 from line 12		ainnin	g of Current Y	_		of Year			
ance ance	20	T-4-1	t- (Deat V. Bara 40)			4,892,11			182,			
Sse	20		assets (Part X, line 16)			4,925,58	_		038,			
Net Assets or Fund Balances	21 22		liabilities (Part X, line 26)			9,966,53			143,			
	rt II		ssets or fund balances. Subtract line 21 from line 20			7,700,33	Τ.	21,	115,	337.		
_			of perjury, I declare that I have examined this return, including accompanying schedule	as and statement	te and	to the heet of	my l	knowledge	and he	liof it is		
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of which	preparer has an	ny knov	vledge.	illy i	Kilowieuge	and bei	101, 11 13		
Sig	n	5	Signature of officer			Date						
Hei												
		Ī	Type or print name and title									
			Type preparer's name Preparer's signature	Date		Ohari	., [PTIN				
Paic	ı	PAU		11/11/202	20	Check	"	P0138	2417	ρ		
Pre	oarer	_	0.007-10M+Aminb2	1 1, 1 1, 202		rm's EIN ▶ 1	- 1					
Use	Only		s name ►BDO USA, LLP saddress ►100 PARK AVENUE NEW YORK, NY 10017-5001					885-80				
N/a-	, +h -		•							—		
_			iscuss this return with the preparer shown above? (see instructions).							No (2019)		
LOL	гаре	I W OFK	Reduction Act Notice, see the separate instructions.					Forn	・ショリ	(∠∪19)		

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ADVANCEMENT OF JEWISH AND OTHER PEOPLE THROUGH TRAINING AND
	EDUCATION BY FUNDRAISING FOR AND BUILDING AWARENESS OF THE GLOBAL ORT
	PROGRAMS, INCLUDING ORT SCHOOLS, COLLEGES, AND SCIENCE/TECHNOLOGY INITIATIVES.
	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$6,725,615. including grants of \$6,474,445) (Revenue \$0)
	ATTACHMENT 1
-	(O. I.) (D
4D	(Code:) (Expenses \$4,312,846. including grants of \$0.) (Revenue \$0.) SUPPORT OF THE GLOBAL ORT PROGRAM RELIES ON AN ACTIVE,
	KNOWLEDGEABLE, AND MOTIVATED LEADERSHIP AND MEMBERSHIP BASE. THIS,
	IN TURN, NECESSITATES A SUSTAINABLE STRUCTURE FOR OUTREACH, AS
	WELL AS LEADERSHIP TRAINING AND NEXT GENERATION INITIATIVES. ORT
	AMERICA'S MEMBERSHIP BASE INCLUDES SUPPORTERS FROM BOTH OF ITS
	PREDECESSOR ORGANIZATIONS, AMERICAN ORT AND WOMEN'S AMERICAN ORT.
4c	(Code:) (Expenses \$ 704,011. including grants of \$ 0.) (Revenue \$ 0.)
	COMMUNICATION AND MARKETING IS AN ESSENTIAL PART OF ORT AMERICA'S
	GOAL OF EDUCATING THE OVERALL COMMUNITY ABOUT ORT'S GLOBAL
	PROGRAMS, AS WELL AS PROMOTING ORT'S VALUES, THE IMPORTANCE OF
	EDUCATING INDIVIDUALS, WHICH IN TURN IMPACTS COMMUNITIES, AND
	IMPROVES THE WORLD.
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program continuo expenses \$ 11,742,472

Part IV Checklist of Required Schedules Page 3

Га	Checklist of Required Schedules			
			Yes	No
1	3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4				
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5		•		
9	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
_	•	-		21
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		3.7
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9				
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
40	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
10		40	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
	b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
	c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
	d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
		11e	X	
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	21	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	. 75		
13		4.5	Х	
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	21	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	^	

Form 990 (2019) Page 4

Par	Checklist of Required Schedules (continued)		V	Na
	Did the constitution and the OF 000 of constant and the confiction to the first live in		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	Х	
24-	employees? If "Yes," complete Schedule J.	23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	245		Х
L	through 24d and complete Schedule K. If "No," go to line 25a			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C		24-		
	to defease any tax-exempt bonds?	24c		
		24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		Х
26	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		- 11
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
JZ	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
0.7	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
-	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	<u> </u>			

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 52			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
	Lines the amount of recentled children	14a		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	טדו		
15	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship.		hin with			
-	any other officer, director, trustee, or key employee?		-	2	Х	
3	Did the organization delegate control over management duties customarily performed by or uncontrol over management duties customarily duties customari					
·	supervision of officers, directors, trustees, or key employees to a management company or other per			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		Х
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to ele					
-	one or more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions unde					
	the year by the following:		J			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot I					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	rnal i	Revenue	Code	_	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of s	uch (chapters,		37	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	•		10b	X	
11a		ing the	e form? .	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the		-	12b	Х	
	rise to conflicts?			120	21	
С	Did the organization regularly and consistently monitor and enforce compliance with the po	-	-	12c	Х	
	describe in Schedule O how this was done			13	X	
13	Did the organization have a written whistleblower policy?			14	X	
14	Did the organization have a written document retention and destruction policy?			17		
15	Did the process for determining compensation of the following persons include a review and independent persons, comparability data, and contemporaneous substantiation of the deliberation		- 1			
•	The organization's CEO, Executive Director, or top management official			15a	Х	
a b	Other officers or key employees of the organization			15b	Х	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	arra	ngement			
···	with a taxable entity during the year?	unu	ngomon	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to	o eva	aluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	safeg	uard the	16b		
Secti	on C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 2					
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	gan	and QQ∩₋T	(800	tion 5	01(0)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that app Own website Another's website X Upon request Other (explain on Sch	ly.		(380	11011 D	U 1 (U)
19	Describe on Schedule O whether (and if so, how) the organization made its governing docum	ents,	conflict of	finter	est p	olicy,
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's by JEFFREY COOPER, CFO, 75 MAIDEN LANE, NEW YORK, NY 10038	ooks	and record	s >		

Form **990** (2019)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither	the organization nor an	y related organiz	zation compensated ar	ny current officer.	director, or trustee.

(A) Name and title	(B) Average hours per week	box,	unle	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)JEFFREY COOPER	35.00									
CEO EFF. 1/1/19-12/12/19/CFO	5.00			X				217,830.	0.	18,812.
(2)NAOMI REINHARZ	40.00									
DIRECTOR OF MAJOR GIFTS	0.				Х			150,043.	0.	15,349.
(3)NICOLE MILLER	40.00									
MIDWEST REGIONAL DIRECTOR	0.					Х		146,831.	0.	15,114.
(4)LILY JOY SEMBRANO	35.00									
CONTROLLER	5.00					Х		148,137.	0.	7,099.
(5)ALLISON HALPERN	40.00									
DIRECTOR OF OPERATIONS	0.					X		134,682.	0.	14,521.
(6) LAWRENCE LUDWIG	40.00									
DIR. INFORMATION TECHNOLOGY	0.					X		119,717.	0.	13,934.
(7) PAMELA KLIER-WEIDNER	40.00									
EXEC. DIR - ORT CHICAGO	0.					X		120,000.	0.	13,555.
(8)BARBARA BIRCH	40.00									
PRESIDENT & CEO EFF. 12/12/19	0.			X				2,500.	0.	0 .
(9) HOWARD LANZNAR	7.50									
BOARD CHAIR	0.	Х		X				0.	0.	0.
(10) RICHARD BERNSTEIN	3.00									
EXECUTIVE COMMITTEE CHAIR	1.00	Х		X				0.	0.	0 .
(11) CONRAD GILES	3.00									
MEMBER - EXECUTIVE COMMITTEE	0.	Х						0.	0.	0.
(12) ROBERT GREY	2.00									
MEMBER - EXECUTIVE COMMITTEE	1.00	Х						0.	0.	0.
(13)LARRY KADIS	4.00									
MEMBER - EXECUTIVE COMMITTEE	1.00	Х	L	L	L		L	0.	0.	0 .
(14) SUELLEN KADIS	.30									
MEMBER - EXECUTIVE COMMITTEE	0.	Х	<u>_</u>	<u>L</u> _	<u>L</u> _			0.	0.	0.

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JSA

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Part VII Section A. Officers, Directors, Tr		y ⊑ii	ihio)			iiu Al			
(A) Name and title	(B) Average hours per week (list any hours for	box,	not che unless er and	a dir	ion nore the son is rector	han one both ar	from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) BRAD KOLAR	4.00								
MEMBER - EXECUTIVE COMMITTEE	0.	Х					0	0.	
L6) GAIL LANZNAR	4.00						_		
MEMBER - EXECUTIVE COMMITTEE	0.	X					0	0.	
17) JUDY MENIKOFF	4.00								
MEMBER - EXECUTIVE COMMITTEE	1.00	X					0	0.	
.8) BUBBA URDAN	1.00	3.7							
MEMBER - EXECUTIVE COMMITTEE	0.	X		_			0	0.	
.9) SAUL BERKOWITZ BOARD MEMBER	$\frac{1.00}{0.}$	Х					0	0.	
0) SID BESMERTNIK	.30	Λ					0	. 0.	
BOARD MEMBER	- 0.	Х					0	0.	
1) BARON VIVIEN DE GUNZBURG	.30	- 1		-				. 0.	
BOARD MEMBER	0.	Х					0	0.	
22) SHELLY DREIFUSS	.30	21		-					
BOARD MEMBER	0.	Х					0] 0.	
3) EVA LYNN GANS	.30			+				1	
BOARD MEMBER	† <u>-</u> 0.	Х					0] 0.	
4) SUSAN GOLDMAN	.30								
BOARD MEMBER	†ō.	Х					0	. 0.	
5) DEBBIE KANTER	.30								
BOARD MEMBER	0.	Х					0	0.	
1b Sub-total	•						1,039,740.	0.	98,384
c Total from continuation sheets to Part VII, S	ection A)	0.	0.	0
d Total (add lines 1b and 1c))	1,039,740.	0.	98,384
2 Total number of individuals (including but not				d ab	ove)	who	received more than	\$100,000 of	
reportable compensation from the organization	n ▶	9							
									Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched									3 X
4 For any individual listed on line 1a, is the organization and related organizations gr individual.	eater than	\$15	0,00	0?	If	"Yes,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue coi	mpen	satio	n fr	om	any u	nrelated organizati	on or individual	5 X
Section B. Independent Contractors								<u> </u>	

year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 4

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Section A. Officers, Directors, (A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average			Pos	ition			Reportable	Reportable		stimated	
	hours per week (list any	,				e than c is both		compensation from	compensation from related	ar	nount o	f
	hours for	office	r and	dad	lirect	or/trust	ee)	the	organizations	com	pensati	on
	related organizations	Individual trustee or director	Institutional truste	Officer	Key employee	Highest compensated employee	Former	organization	(W-2/1099-MISC)		om the anization	
	below dotted	ridua recto	tutio	er	emp	est o	् ब्	(W-2/1099-MISC)			d relate	
	line)	or tru	nal t		loye	e				org	anizatio	ns
		stee	ruste		Ф	bens						
			e l			ated						
26) JONATHAN LANZNAR	.30											
BOARD MEMBER	0.	Х						0	0.			(
27) JOAN LEVIN	.30											
BOARD MEMBER	0.	X						0	0.			(
28) JON LEVINE	.30											
BOARD MEMBER	0.	X						0	0.			(
29) LEANDRO MARGULIS	.30											
BOARD MEMBER	0.	X						0	0.			(
30) MICHAEL PERLMUTER	.30											
BOARD MEMBER	0.	X						0	0.			(
31) BARBARA ROSS	.30							_	_			
BOARD MEMBER	0.	X						0	0.			(
32) BARBARA SIEGEL	.30											
BOARD MEMBER	0.	X						0	0.			(
33) JOSE PEPE SIGAL	.30	3.7										
BOARD MEMBER 34) LOUANNE SMOLIN	0.	X						0	0.			(
BOARD MEMBER		Х						0	0.			
35) ANDREA WOLFE	.30	- 1						0	0.			
BOARD MEMBER		Х						0	0.			
36) LAWRENCE WOLFE	.30	21						0	Ŭ.			
BOARD MEMBER	0.	Х						0	0.			
4h Cub total								0.	0.			0
c Total from continuation sheets to Part VII					• •							
d Total (add lines 1b and 1c)	-											
2 Total number of individuals (including but n							o re	ceived more than	\$100.000 of			
reportable compensation from the organization		9)			,			. ,			
											Yes	No
3 Did the organization list any former of	ficer, directo	r, or	tru	iste	e,	key e	emp	loyee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sch										3		Х
4 For any individual listed on line 1a, is the	e sum of ren	ortah	le n	om	pen	satio	n ai	nd other compens	sation from the			
organization and related organizations												
individual										4	Х	
5 Did any person listed on line 1a receive												
for services rendered to the organization? If	"Yes," comple	te Sch	nedu	ıle J	l for	such	per	son		5		Х
Section B. Independent Contractors												

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		am	(F) timated ount of other pensation	n
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		fro orga and	om the anization I related nizations	
37) LEWIS ZIPKIN	.30												
BOARD MEMBER	0.	Х						0.		0.			0
		-											
										-			
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	-			· ·			^	0.		0.			0.
Total number of individuals (including but not reportable compensation from the organization)		hose	liste	d al	bove	e) who	re	ceived more than	\$100,000 of	f			
2 Did the experimetion list only former office	مد ماند مده		4			ادمار م		lavaa ar hishaa		لمه		Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3		Х
4 For any individual listed on line 1a, is the organization and related organizations groups	eater than	\$15	0,0	00?	ⁱ If	"Yes	5," (complete Schedu	le J for s	uch			
individual	accrue co	mpen	satio	on f	fron	n any	uni	related organization	on or individ	ual	4	Х	
for services rendered to the organization? <i>If "You Section B. Independent Contractors</i>	es," comple	te Sch	nedu	ile J	l for	such	per	son	<u> </u>		5		<u>X</u>
Complete this table for your five highest compensation from the organization. Report of year.													
(A) Name and business add	dress							(B) Description of se	rvices	C	(C) Compens	ation	
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nite	d to	thos	e li	sted above) who	received				

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Part VIII Statement of Revenue

Pal	t VIII	Check if Schedule O contains a respon	nse or note to an	v line in this Part \	/111		
		Officer if defication of contains a respon	ise of note to all	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c	182,549. 811,699.				
		Related organizations	12,033,012.				
Contrib and Oth	g h	Noncash contributions included in lines 1a-1f		13,526,593.			
9	2a		Business Code				
Program Service Revenue	b c d						
Pro	f g	All other program service revenue Total. Add lines 2a-2f		0.			
	3	Investment income (including dividends, other similar amounts)	▶	194,982.			194,982.
	5	Royalties		5,653.			5,653.
	6a b c	Less: rental expenses 6b Rental income or (loss) 6c 197,807.					
	d 7a	Net rental income or (loss)	(ii) Other	197,807.		249,258.	-51,451.
evenue	b	other than inventory 7a 2,340,375. Less: cost or other basis and sales expenses 7b 2,052,431.					
Other Rev	c d	Gain or (loss)		287,944.			287,944.
Oth	8a	Gross income from fundraising events (not including \$811,699. of contributions reported on line 1c). See Part IV, line 18 8a	35,694.				
	b c	Less: direct expenses 8b Net income or (loss) from fundraising events.	195,963.	-160,269.			-160,269.
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
	b c	Less: direct expenses	0.	0.			
	10a	Gross sales of inventory, less returns and allowances	0.				
	b C	Less: cost of goods sold	▶	0.			
Miscellaneous Revenue	11a b	MISCELLANEOUS REVENUE ADMINISTRATIVE INCOME	900099 900099	12,704. 40,000.			12,704
Misce Rev	c d e	All other revenue		52,704.			
JSA	12	Total revenue. See instructions		14,105,414.		249,258.	329,563.

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	370,289.	370,289.							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	0.								
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	6,104,156.	6,104,156.							
4	Benefits paid to or for members	0.								
5	Compensation of current officers, directors,									
	trustees, and key employees	404,534.	319,948.	50,201.	34,385.					
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	0.	0.055.205	252.064	0.40 255					
7	Other salaries and wages	2,851,546.	2,255,305.	353,864.	242,377.					
8	Pension plan accruals and contributions (include	05 052	65.000	10 654	E 00E					
	section 401(k) and 403(b) employer contributions)	85,853.	67,902.	10,654.	7,297.					
	Other employee benefits	277,362.	219,368.	34,419.	23,575.					
10	Payroll taxes	265,704.	210,147.	32,973.	22,584.					
	Fees for services (nonemployees):	0								
	Management	0.		257 420						
	Legal	257,428. 138,103.	119,603.	257,428. 13,616.	4,884.					
	Accounting	136,103.	119,003.	13,010.	4,004.					
	Lobbying	0.								
	Professional fundraising services. See Part IV, line 17.	58,712.		58,712.						
	f Investment management fees	30,712.		30,712.						
g	Other. (If line 11g amount exceeds 10% of line 25, column	253,057.	219,157.	24,950.	8,950.					
	(A) amount, list line 11g expenses on Schedule O.)	253,057.	219,137.	24,930.	0,930.					
	Advertising and promotion	388,676.	282,244.	96,548.	9,884.					
	Office expenses	161,506.	129,328.	20,210.	11,968.					
	Information technology	0.	125,520.	20,210.	11,700.					
	Royalties	639,502.	539,633.	62,724.	37,145.					
	Occupancy	33,619.	29,682.	2,210.	1,727.					
	Travel	33,023.	27,0021	2,2231						
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.								
10	Conferences, conventions, and meetings	205,722.	187,901.	9,706.	8,115.					
	Interest	0.	, , , , ,	,	-,					
21		0.								
	Depreciation, depletion, and amortization	6,993.	5,600.	875.	518.					
	Insurance	51,257.	41,045.	6,414.	3,798.					
	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses on line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
а	LOCAL REGIONS & CHAPTERS EXP	664,333.	406,017.		258,316.					
b	EQUIPMENT LEASE EXPENSE	62,758.	52,238.	6,507.	4,013.					
	CUSTODY ACCOUNT EXPENSES	40,403.	1,049.	39,354.						
d	SUPPLIES	34,051.	29,679.	3,289.	1,083.					
е	All other expenses	195,793.	152,181.	31,015.	12,597.					
	Total functional expenses. Add lines 1 through 24e	13,551,357.	11,742,472.	1,115,669.	693,216.					
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and									
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.								

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,827,188.	1	2,535,954.
	2	Savings and temporary cash investments	0.	2	296,503.
	3	Pledges and grants receivable, net	18,128,507.	3	16,903,592.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ţ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
ğ	9	Prepaid expenses and deferred charges	295,785.	9	189,296.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	25,362.	10c	19,193.
	11	Investments - publicly traded securities	8,212,451.	11	4,794,112.
	12	Investments - other securities. See Part IV, line 11	1,692,123.	12	5,596,367.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	2,710,702.	15	2,847,099.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	34,892,118.	16	33,182,116.
	17	Accounts payable and accrued expenses	832,806.	17	564,649.
	18	Grants payable	0.	18	6,015,018.
	19	Deferred revenue	633,268.	19	622,009.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	13,459,513.	25	4,836,903.
	26	Total liabilities. Add lines 17 through 25	14,925,587.	26	12,038,579.
Section		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	-2,223,088.	27	-1,629,532.
Ä	28	Net assets with donor restrictions	22,189,619.	28	22,773,069.
· Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
A SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	19,966,531.	32	21,143,537.
ž	33	Total liabilities and net assets/fund balances	34,892,118.	33	33,182,116.
_			-		Form 990 (2019)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			05,4	
2	Total expenses (must equal Part IX, column (A), line 25)			13,551,357.		
3	Revenue less expenses. Subtract line 2 from line 1	3			54,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	19,9	66,5	31.
5	Net unrealized gains (losses) on investments	5		1,2	06,4	16.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-5	83,4	67.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))					37.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	na			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	kplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

13-5562424

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ORT AMERICA, INC.

► Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	omplet	e this pa	art.) See instructions	j.
he	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated to	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
7	Х	An organization that norma	nally receives a substantial part of its support from a governmental unit or from the general public					
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(k	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or
		university:						
0		An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)						
1		An organization organized	and operated excl	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
2		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes
		of one or more publicly su	pported organizati	ons described in sect	ion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete li	nes 12e, 12f, and 12g.
а		$oxedsymbol{oxed}$ Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a ma	ajority of	the directors or truste	es of the
	_	_ supporting organization. `	You must complet	e Part IV, Sections A	and B.			
b		$oxedsymbol{oxed}$ Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	_ organization(s). You must	complete Part IV	, Sections A and C.				
С		$oxedsymbol{oxed}$ Type III functionally integ	grated. A supporti	ng organization opera	ited in co	onnectio	n with, and functional	lly integrated with,
		_ its supported organizatior	n(s) (see instruction	is). You must comple	te Part I	V, Section	ons A, D, and E.	
d			integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally inte	egrated. The organ	nization generally mus	t satisfy	a distrib	oution requirement and	d an attentiveness
		_ requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		$oxedsymbol{ox}$ Check this box if the orga	anization received	a written determinatio	n from t	he IRS tl	hat it is a Type I, Type I	I, Type III
		functionally integrated, or	• •			•		
f		ter the number of supported						
g		ovide the following information						
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
A)								
B)								
C)								
D)								
E)								
ota	al							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,233,253.	14,693,883.	22,717,181.	12,549,807.	13,526,593.	75,720,717.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	12,233,253.	14,693,883.	22,717,181.	12,549,807.	13,526,593.	75,720,717.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.		
_6	Public support. Subtract line 5 from line 4						75,720,717.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	12,233,253.	14,693,883.	22,717,181.	12,549,807.	13,526,593.	75,720,717.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	560,962.	487,878.	216,609.	278,259.	149,184.	1,692,892.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	93,105.	170,710.	225,109.	127,370.	249,258.	865,552.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	1,175,455.	-146,713.	141,715.	106,042.	52,704.	1,329,203.		
11	Total support. Add lines 7 through 10						79,608,364.		
12	Gross receipts from related activities, etc. (s	see instructions)				12			
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea				
Sec	tion C. Computation of Public Sup						05.10		
14	Public support percentage for 2019 (li		•			14	95.12%		
15	Public support percentage from 2018				· ·	15	92.92 %		
16a	331/3% support test - 2019. If the org	-							
	box and stop here. The organization quantum properties of the contract of th								
b	331/3% support test - 2018. If the org								
4	this box and stop here. The organization	-		_					
17a	10%-facts-and-circumstances test - 2	_							
	10% or more, and if the organization					•	•		
	Part VI how the organization meets t			_	•				
L	organization								
b	10%-facts-and-circumstances test - 2	-	•						
	15 is 10% or more, and if the organization						-		
	Explain in Part VI how the organization				_	-			
10	supported organization Private foundation. If the organization								
18	3		•						
	instructions						<u> </u>		

Schedule A (Form 990 or 990-EZ) 2019 Page 3

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	line 6.)						
	tion B. Total Support	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2010	(6) 2010	(6) 2017	(u) 2010	(6) 2013	(i) rotai
9 10 a	Amounts from line 6						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	-			-		
	organization, check this box and stop here						▶ 🔼
	tion C. Computation of Public Supp			(0)			
15	Public support percentage for 2019 (line 8,		•			15	%
16	Public support percentage from 2018 Sche					16	%
	tion D. Computation of Investment					T .= 1	•
17	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the or	-					. \square
	17 is not more than 331/3%, check thi	-		•			
b	331/3% support tests - 2018. If the orga						
	line 18 is not more than 331/3 %, check			-			. —
20	Private foundation. If the organization of	ud not check a	a pox on line 1	4. 19a. or 19b.	cneck this box	and see instruc	ctions

Schedule A (Form 990 or 990-EZ) 2019 Page 4

Supporting Organizations Part IV

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of stat under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how to organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretidespite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l. purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Year answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and E numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the actio was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class alrea designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribut (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled enti with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describin section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bene from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	No
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Part	Supporting Organizations (continued)		V	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. on B. Type I Supporting Organizations	110		
Jecki	on B. Type roupporting organizations		Yes	No
			103	140
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
2 (the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	$\overline{}$	
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	•	Za		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's position triat its supported organization(s) would have engaged in triese	2b		
2		25		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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 Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization 	g trust or	n Nov. 20, 1970 (expla	,
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall instructions).	y integra	ated Type III supporting	g organization (see

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	·		(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019 Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II -	OTHER INCOME	Ē			ATTACHMENT 1	
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISCELLANEOUS REV	1,175,455.	-146,713.	141,715.	106,042.	52,704.	1,329,203.
TOTALS	1,175,455.	-146,713.	141,715.	106,042.	52,704.	1,329,203.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

ORT AMERICA, INC. 13-5562424 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization ORT AMERICA, INC.

Employer identification number 13-5562424

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$646,150.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization ORT AMERICA, INC.

Employer identification number 13-5562424

art II	Noncash Property	(see instructions)). Use duplicate c	opies of Part II if ad	ditional space is needed.
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number Name of organization ORT AMERICA, INC. 13-5562424

	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	ne year from any on ns completing Part I year. (Enter this info	ne contributor. One contributor. On the contributor. On the contributor on the contributor. See the contributor. See the contributor. See the contributor.	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer		nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer		nship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer ZIP + 4	sfer of gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer	sfer of gift Relationship of transferor to transferee		
				•	

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Total number at end of year Aggregate value of grants from (dring year) Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value at end of year Aggregate value at end year Aggregate value Aggregate va	ORI	AMERICA, INC.	13-5562424
Total number at end of year Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Aggregate value value Aggregate value value value Aggregate value value Aggregate value	Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
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2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year. 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of long one space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements. 5 Total acreage restricted by conservation easements. 6 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 7 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year P Number of states where property subject to conservation easements is located P Number of states where property subject to conservation easements in located P Number of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements where a property subject to conservation easements in list revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization reports conservation easements in its revenue and expense statement and b		(a) Donor advised funds	(b) Funds and other accounts
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5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization property, subject to the organization's exclusive legal control?			
tunds are the organization's property, subject to the organization's exclusive legal control?			n donor advised
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d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	b	Total acreage restricted by conservation easements	2b
historic structure listed in the National Register	С	Number of conservation easements on a certified historic structure included in (a)	2c
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tax year ▶		historic structure listed in the National Register	2d
Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ * Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? 10 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, o	3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ated by the organization during the
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Soes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Pa		tax year 🕨	
violations, and enforcement of the conservation easements it holds?	4	Number of states where property subject to conservation easement is located ▶	
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Soes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. It the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1. Figure 1.	5	Does the organization have a written policy regarding the periodic monitoring, inspectio	n, handling of
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$		violations, and enforcement of the conservation easements it holds?	Yes No
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		>	
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?	7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
and section 170(h)(4)(B)(ii)?		• •	
 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1. S S	8		
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	_	and section 170(h)(4)(B)(ii)?	Yes L No
organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	9		
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1			i statements that describes the
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	Da		Similar Assots
If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	ı a		Jilliai Assets.
service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	4-	· · · · · · · · · · · · · · · · · · ·	atatamant and balance about works
service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	та	of art, historical treasures, or other similar assets held for public exhibition, education, o	or research in furtherance of public
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.
provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	atement and balance sheet works of
(i) Revenue included on Form 990, Part VIII, line 1		art, historical treasures, or other similar assets held for public exhibition, education, or research provide the following amounts relating to those items:	arch in furtherance of public service,
 (ii) Assets included in Form 990, Part X		·	> ¢
 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1			
following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	2		
a Revenue included on Form 990, Part VIII, line 1	~		socio ioi illianciai galii, piovide lile
	а		⊳ \$
	-		

	OR'I	MERICA, INC.	•			13-5562424	Ł	
Sched	dule D (Form 990) 2019						F	Page 2
Рa	rt Organizations Maintaini	ing Collections of	Art, Historical Tre	asures, or	Other Similar A	ssets (contin	ued)	
3	Using the organization's acquisition	on, accession, and c	ther records, check	any of the	following that m	ake significan	t use o	of its
	collection items (check all that app	oly):						
а	Public exhibition		d Loan o	or exchange p	orogram			
b Scholarly research e Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose XIII.								
С		rations						
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in IXIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes ESCROW and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form		Part					
	XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar							
5	During the year, did the organization	on solicit or receive d	onations of art, histo	orical treasur	es. or other simila	ar		
							s	No
Pa								
			s" on Form 990, F	art IV, line 9	9, or reported ar	n amount on I	=orm	
1a	Is the organization an agent, truste	e, custodian or othe	er intermediary for c	ontributions o	or other assets not			
	included on Form 990, Part X?					Ye	s	No
b	If "Yes," explain the arrangement i							_
		·	· ·			Amount		
С	Beginning balance			1c				
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am				todial account lial	bility? Ye	s	No
	If "Yes," explain the arrangement i					• —		1
	rt V Endowment Funds.		•					
	Complete if the organiza	ation answered "Ye	s" on Form 990, F	Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three ye	ears back (e) Fo	our years	back
1 a	Beginning of year balance	10,236,682.	10,051,759.	10,576,	787. 10,841	,845. 10	,315,	,531.
	Contributions	73,284.	562,701.	163,	814. 83	3,937.	394	,055.
	Net investment earnings, gains,							
·	and losses	807,307.	-228,996.	680,	993. 698	3,185.	331	,644.
Ч	Grants or scholarships							
	Other expenditures for facilities							
·	and programs	314,049.	148,782.	1,369,	835. 1,047	7,180.	199	,385.
f	Administrative expenses							
g	End of year balance	10,803,224.	10,236,682.	10,051,	759. 10,576	,787. 10	,841,	,845.
2	Provide the estimated percentage	of the current year	and halance (line 1g	column (a)) h	aeld as:			
a	Board designated or quasi-endown	nent ▶ 5.6300		coldinii (a)) i	icia as.			
	Permanent endowment > 94.3		_					
	Term endowment ▶	%						
	The percentages on lines 2a, 2b, a	and 2c should equal 1	00%.					
3a	Are there endowment funds not in	the possession of th	e organization that	are held and	administered for	the		
	organization by:	•	J				Yes	No
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations					3a(i	i) X	
b	If "Yes" on line 3a(ii), are the relate							
4	Describe in Part XIII the intended u	•	•					
Pa	rt VI Land, Buildings, and Equ	uipment.						
	Complete if the organize	-						<u>. </u>
	Description of property	(a) Cost or (invest		or other basis ther)	(c) Accumulated depreciation	(d) Book	value	
1a	Land	,	, (0	,				
	Buildings							
	Leasehold improvements			50,973.	38,671.		12,3	302.
	Equipment		1	17,615.	110,724.			391.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

d Equipment.....

19,193.

Part VII	Investments - Other Securities.			Page
	Complete if the organization answered		0, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) Financia	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII				
T are viii	Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1)				
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 99	0, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) Des	scription		(b) Book value
<u> </u>	RITY DEPOSIT			118,018
<u> </u>	STMENTS IN R/E PARTNERSHIP			352,462
	FROM AFFILIATES			823,575
	FICIAL INTERESTS			1,553,044
(5)				
(6)				
(7)				
(8)				
(9)	umn (b) must equal Form 990, Part X, col. (B) li	ine 15)		2,847,099
Part X	Other Liabilities.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
· uit X	Complete if the organization answered line 25.	"Yes" on Form 99	0, Part IV, line 11e or 11f. See Form	n 990, Part X,
1.		tion of liability		(b) Book value
	ral income taxes			(a) Doon raido
	OYEES' SEVERANCE PAYABLE			111,694
	RRED RENT PAYABLE			187,978
(4) ACCR	UED POSTRETIREMENT BENEFIT COST	1		420,577
(5) SPLI	T-INTEREST AGREEMENT OBLIGATION	Ī		1,632,040
(6) ACCR	UED PENSION PAYABLE			2,484,614
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			4,836,903.
•	or uncertain tax positions. In Part XIII, provide the		· ·	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII $\frac{\text{JSA}}{\text{9E}1270} \frac{\text{JSO}}{1.000}$ Schedule D (Form 2395PS 702V 11/11/2020 11:01:45 AM V 19-7.5F

Schedule D (Form 990) 2019 Page 4

	VI December 11 in the Parameter Audited Financial Statements With Devenue nor Deturn		Tage 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		15 050 455
1	Total revenue, gains, and other support per audited financial statements	1	15,250,455.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	1,206,416.
e	Subtract line 2e from line 1	3	14,044,039.
3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 58,712.		
а	investment expenses not included on Form 350, Fait Viii, line 75	-	
b	Other (Describe III) art Alli.)		61 275
	Add lines 4a and 4b	4c	61,375.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,105,414.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	13,492,645.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
	The year adjustments	1	
C	Carlot lococco I I I I I I I I I I I I I I I I I	-	
d	ether (Beechlee in Factorium)	2-	
е	Add lines 2a through 2d	2e	13,492,645.
3	Subtract line 2e from line 1	3	13,492,043.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 58,712.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	58,712.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	13,551,357.
Part	XIII Supplemental Information.		
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V,	line 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	
SEE	PAGE 5		

ORT AMERICA, INC. 13-5562424 Schedule D (Form 990) 2019 Page 5

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE ORGANIZATION ENDOWMENT FUNDS ARE FOR EDUCATION ASSISTANCE AND SCHOLARSHIPS. THE INCOME EARNED ON THE ENDOWMENTS IS AVAILABLE TO SUPPORT GENERAL OPERATIONS AND EDUCATIONAL PROGRAMS.

PART XI, LINE 4B:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS....\$(2,663.)

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ORT	AMERICA, INC.				13-55624	24
Par	General Information o Form 990, Part IV, line 14		Outside the	United States. Comple	ete if the organization a	answered "Yes" or
1	For grantmakers. Does the organic	ganization maii	ntain records	to substantiate the amou	nt of its grants and	
	other assistance, the grantees'	eligibility for t	he grants or	assistance, and the selec	tion criteria used to	
	award the grants or assistance?				[X Yes No
2	For grantmakers. Describe in	Part V the org	anization's pro	ocedures for monitoring t	he use of its grants an	d other assistance
_	outside the United States.		a <u>_</u> a p	occume in memoring		
3	Activities per Region. (The follow	ving Part I. line	3 table can be	e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(4)			_			
(1)	EUROPE	0.	0.	GRANTMAKING		3,381,794.
(2)	MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		2,374,644.
(3)	SOUTH AMERICA	0.	0.	GRANTMAKING		208,550.
(4)	RUSSIA/INDEPENDENT STATES	0.	0.	GRANTMAKING		57,168.
(5)	NORTH AMERICA	0.	0.	GRANTMAKING		82,000.
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						+
(17)						
3a	Subtotal					6,104,156.
b						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2019

6,104,156.

ORT AMERICA, INC. 13-5562424

Schedule F (Form 990) 2019

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
				FINANCIAL					
(1)			EUROPE/ICELAND/GREENLAND	AID	3,381,794.				
				FINANCIAL					
(2)			MIDDLE EAST/NORTH AFRICA	AID	2,374,644.				
				FINANCIAL					
(3)			SOUTH AMERICA	AID	208,550.				
				FINANCIAL					
(4)			RUSSIA/NEWLY IND. STATES	AID	57,168.				
				FINANCIAL					
(5)			NORTH AMERICA	AID	82,000.				
(6)									
(0)									
(7)									
(8)									
(9)									
10)									
11)									
12)									
13)									
14)									
15)									
16)									

ORT AMERICA, INC. 13-5562424

Schedule F (Form 990) 2019

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
_(1)							
_(2)							
(3)							
_(4)							
_ (5)							
_(6)							
_(7)							
_(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							1.1.5/5

Schedule F (Form 990) 2019

ORT AMERICA, INC. 13-5562424

Schedule F (Form 990) 2019

Part IV Foreign Forms Page 4

Part	v Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes [X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	res [X	No

Schedule F (Form 990) 2019

ORT AMERICA, INC. 13-5562424

Schedule F (Form 990) 2019 Page **5**

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

PART I, LINE 2:

THE ENTITIES THAT RECEIVE GRANTS OVERSEAS RECEIVE SPECIFIC INSTRUCTIONS

FOR THE PURPOSE OF THE GRANTS. FUNDS ARE EARMARKED FOR THE TEACHING

SALARIES, BENEFITS, SCHOLARSHIPS AND SCHOOL BUILDING. THE RESULTS OF

OPERATIONS ARE THEN REPORTED BY THE FOREIGN ENTITY AND REVIEWED.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

	ne organization					Employer Identification	on number
	MERICA, INC.	-1-4- 16 41	!4!		V 0	13-5562424	7
Part I					Yes" on Form 98	90, Part IV, line 1	7.
	Form 990-EZ filers are not re	<u> </u>					
1 <u> r</u>	ndicate whether the organization ra	ised funds through		_			
а	Mail solicitations	е			non-government g		
b	Internet and email solicitations	f			government grants	S	
С	Phone solicitations	g	Spe	cial fundra	ising events		
d	In-person solicitations						
o b If	old the organization have a written of r key employees listed in Form 990 "Yes," list the 10 highest paid indompensated at least \$5,000 by the), Part VII) or entity ividuals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	adraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
U							
7							
8							
9							
10							
Total					. 9 . 0		
	ist all states in which the organiza egistration or licensing.	ation is registered (or licensed	O TO SOIICIT	contributions or	nas been notified	it is exempt from

Schedule G (Form 990 or 990-EZ) 2019

Part II

		more than \$15,000 of fundra events with gross receipts gre		ions and gross incom	ne on Form 990-EZ,	lines 1 and 6b. List
		<u> </u>	(a) Event #1 SUMMER AUCTION	(b) Event #2 CLEV. BRUNCH	(c) Other events	(d) Total events (add col. (a) through
(I)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	567,004.	168,227.	112,162.	847,393
ď	2	Less: Contributions	566,804.	160,843.	84,052.	811,699
	3	Gross income (line 1 minus line 2)	200.	7,384.	28,110.	35,694
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	143,558.	25,539.	26,866.	195,963
	10	Direct expense summary. Add lin Net income summary. Subtract li	es 4 through 9 in colu	ımn (d)		195,963 -160,269
Pa	7	Gaming. Complete if the org				
		\$15,000 on Form 990-EZ, lin	e 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	ımn (d)	>	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>	
9		Enter the state(s) in which the org	anization conducts as	uming activities:		
a k		Is the organization licensed to con		in each of these state		Yes No
10a		Were any of the organization's gamin				Yes No
k		If "Yes," explain:				

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported

Sched	lule G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b			
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶\$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b			
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Par			

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047
2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization						Employer identificat	ion number
ORT AMERICA, INC.						13-556242	24
Part I General Information on Grants and	d Assistanc	е				'	
 Does the organization maintain records to s the selection criteria used to award the grant Describe in Part IV the organization's proced 	ts or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient to		_					es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LOS ANGELES ORT COLLEGE							SCHOLARSHIP/
6435 WILSHIRE BLVD, LOS ANGELES, CA 90048	13-3281910	501(C)(3)	136,234.				STUDENT ASSISTANCE
(2) CHICAGO ORT TECHNICAL INSTITUTE							SCHOLARSHIP/
5440 FARGO AVENUE, SKOKIE, IL 60077	01-0850994	501(C)(3)	115,612.				STUDENT ASSISTANCE
(3) HERMELIN ORT RESOURCE CENTER JVS							SCHOLARSHIP/
6600 W MAPLE RD, W B. TWNSP, MI 48322	38-1358013	501(C)(3)	67,203.				STUDENT ASSISTANCE
(4) U. S. ORT OPERATIONS INC.							SCHOLARSHIP/
69-30 AUSTIN ST., FOREST HILLS, NY 11375	42-1719019	501(C)(3)	24,463.				STUDENT ASSISTANCE
(5) THE BARUCH COLLEGE FUND							SCHOLARSHIP/
55 LEXINGTON AVE., NEW YORK, NY 10010	23-7039817	501(C)(3)	22,500.				STUDENT ASSISTANCE
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	•	•					5.

JSA

9E1288 1.000

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
1					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ENTITIES THAT RECEIVE GRANTS RECEIVE SPECIFIC INSTRUCTIONS FOR THE

PURPOSE OF THE GRANTS. FUNDS ARE EARMARKED FOR THE TEACHING SALARIES,

BENEFITS, SCHOLARSHIPS AND SCHOOL BUILDING. THE RESULTS OF OPERATIONS ARE

THEN REPORTED BY THE ENTITY AND REVIEWED.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Name of the organization

Internal Revenue Service

ORT AMERICA, INC.

Employer identification number 13-5562424

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or réimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the	_		
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JEFFREY COOPER	(i)	167,830.	50,000.	0.	9,405.	9,407.	236,642.	0.
1 ^{CEO} EFF. 1/1/19-12/12/19/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
NICOLE MILLER	(i)	141,831.	5,000.	0.	5,983.	9,131.	161,945.	0.
2 ^{MIDWEST REGIONAL DIRECTOR}	(ii)	0.	0.	0.	0.	0.	0.	
LILY JOY SEMBRANO	(i)	148,137.	0.	0.	5,983.	1,116.	155,236.	0.
3 ^{CONTROLLER}	(ii)	0.	0.	0.	0.	0.	0.	0.
NAOMI REINHARZ	(i)	145,043.	5,000.	0.	6,200.	9,149.	165,392.	0.
DIRECTOR OF MAJOR GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

SCHEDULE J, PART II, COLUMN (B)(II) REPORTS DISCRETIONARY INCENTIVE

AMOUNTS THAT WERE APPROVED BY THE BOARD BASED UPON PERFORMANCE.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

ORT	AMERICA, INC.				13-5562424		
Par	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	Method of	(d) f determini ribution an	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property		1.5	100 251			
9	Securities - Publicly traded		15.	120,371	. MARKET QU	0.1.V.1.10	N
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other	Х	1.	12,668	. FAIR MARK	ET VAL	UE
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►(
26	Other ►() Other ►()						
27	Other ►()						
28	Other ►(
	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions fo	r		
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledge	gement	. 29		
			_			Yes	s No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, li	nes 1 through		
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which	isn't required		
	to be used for exempt purposes for	-				30a	X
b	If "Yes," describe the arrangement i		•		-		
31	Does the organization have a		tance policy that require	es the review of any	nonstandard		
	contributions?	-		-		31	Х
32a	Does the organization hire or use						
	contributions?	-		· · · · · · · · · · · · · · · · · · ·		32a	X
b	If "Yes," describe in Part II.						
	If the organization didn't report an	amount in o	column (c) for a type of pro	perty for which column	(a) is checked,		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

describe in Part II.

Schedule M (Form 990) (2019) Page **2**

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, COLUMN (B):

THE NUMERICAL DATA HERE REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Schedule M (Form 990) (2019)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

ORT AMERICA, INC.

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 13-5562424

FORM 990, PART VI, SECTION A, LINE 2:

LAWRENCE KADIS AND SUELLEN KADIS ARE HUSBAND AND WIFE; HOWARD LANZNAR AND GAIL LANZNAR ARE HUSBAND AND WIFE AND JONATHAN LANZNAR IS THEIR SON.

FORM 990, PART VI, SECTION A, LINE 6:

THE QUALIFICATIONS FOR MEMBERSHIP ARE AS FOLLOWS:

ANY PERSON WHO SUBSCRIBES TO THE PURPOSES OF ORT AMERICA AND PAYS ANNUAL DUES OR MAKES A CONTRIBUTION EQUAL TO OR GREATER THAN THE ANNUAL DUES AMOUNT SHALL BE DEEMED A MEMBER.

A PERSON MAY ACQUIRE MEMBERSHIP THROUGH A CHAPTER OR OTHER UNIT OF ORGANIZATION OF ORT AMERICA, BE A MEMBER-AT-LARGE OR A LIFE MEMBER OR HAVE SUCH OTHER STATUS AS MAY BE DETERMINED FROM TIME TO TIME BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7A

EVERY THREE YEARS AT THE ANNUAL MEETING THERE WILL BE AN ELECTION OF OFFICERS AND BOARD MEMBERS AT THE MEETING OF THE MEMBERS, EACH MEMBER SHALL BE ENTITLED TO ONE VOTE MEMBERS SHALL NOT BE ENTITLED TO VOTE BY PROXY AT ANY MEETING OF THE MEMBERS, THERE SHALL BE PRESENT 100 MEMBERS OR 10% OF THE TOTAL NUMBER OF MEMBERS, WHICHEVER IS LESS, IN ORDER TO CONSTITUTE A QUORUM FOR THE TRANSACTION OF BUSINESS.

Name of the organization
ORT AMERICA, INC.
Employer identification number
13-5562424

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN

CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. THE FORM 990 IS

REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER AND THE EXECUTIVE

COMMITTEE OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL

REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY CALLS FOR THE CHIEF EXECUTIVE OFFICER OF ORT AMERICA, INC. AND THE CHAIR OF THE AUDIT COMMITTEE TO COLLECT AND REVIEW THE STATEMENTS AND ANNUALLY SUBMIT TO THE AUDIT COMMITTEE A REPORT LISTING THE CONFLICT OF INTEREST DISCLOSED ON THE STATEMENTS AND THE ACTIONS, IF ANY, TAKEN BY ORT AMERICA IN RESPONSE. ALL INDIVIDUALS CONSIDERED TO BE KEY INDIVIDUALS MUST COMPLETE AND SIGN OFF ON THE POLICY. KEY INDIVIDUALS ARE

COLLECTIVELY DEFINED AS OFFICERS AND DIRECTORS OF THE BOARD, ALL OTHER KEY VOLUNTEERS IN REGIONS AND CHAPTERS, AND KEY EMPLOYEES IN THE NATIONAL AND REGIONAL OFFICES. THE POLICY ALSO CALLS FOR KEY INDIVIDUALS AT

MEETINGS WHERE THERE WILL BE DELIBERATION OR VOTING TO FULLY DISCLOSE ANY CONFLICT TO THE PERSON CHAIRING THE MEETING. FAILURE TO COMPLY WITH THE POLICY IS GROUNDS FOR REMOVAL FROM OFFICE. ANY POTENTIAL CONFLICTS ARE RAISED TO THE APPROPRIATE INDIVIDUALS. THOSE WHICH ARE RAISED TO THE CEO WILL THEN BE INVESTIGATED.

FORM 990, PART VI, SECTION B, LINE 15:

IN ESTABLISHING THE SALARY STRUCTURE OF THE ORGANIZATION, THE BOARD OF DIRECTORS DETERMINES REASONABLE LEVELS OF COMPENSATION BASED ON:

Name of the organization

ORT AMERICA, INC.

Employer identification number

13-5562424

- 1) THE NATURE AND SCOPE OF THE RESPONSIBILITIES OF EACH POSITION IN THE ORGANIZATION'S TABLE OF ORGANIZATION.
- 2) THE LEVEL OF SKILL AND EDUCATION REQUIRED TO PERFORM THE RESPONSIBILITIES OF EACH POSITION IN THE ORGANIZATION'S TABLE OF ORGANIZATION.
- 3) OBTAINING APPROPRIATE AND COMPARABLE COMPENSATION MARKET DATA FROM SIMILAR NON-PROFIT INSTITUTIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9:

PROPERTY VALUATION LOSS.....\$(1,488,222.)

PENSION AND OTHER POSTRETIREMENT-RELATED COSTS...\$907,418.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS.....\$(2,663.)

TOTAL.....\$(583,467.)

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

ORT AMERICA PROVIDES FINANCIAL SUPPORT OF THE ORT NETWORK OF

SCHOOLS AND TRAINING PROGRAMS IN 38 COUNTRIES WITH ALMOST FOUR

MILLION GRADUATES TO DATE. THE CUTTING-EDGE EDUCATION ACQUIRED AT

Name of the organization ORT AMERICA, INC.

Employer identification number 13-5562424

ATTACHMENT 1 (CONT'D)

ORT SCHOOLS, COLLEGES AND INTERNATIONAL PROGRAMS PROVIDE MARKETABLE SKILLS THAT ENABLE OVER \$300,000 STUDENTS AND BENEFICIARIES ANNUALLY TO ATTAIN SUCCESSFUL CAREERS, BECOME COMMUNITY LEADERS AND LIVE INDEPENDENTLY. AMONG THE RECIPIENTS OF FINANCIAL SUPPORT FROM ORT AMERICA ARE THE ORT PROGRAMS IN THE UNITED STATES, INCLUDED LOS ANGELES ORT TECHNICAL COLLEGE (LA), AND THE JEWISH VOCATIONAL SERVICES CENTER OF DETROIT, EACH OF WHICH HAVE ADULT EDUCATION PROGRAMS ORIENTED TOWARD JOB PLACEMENT IN THEIR CHOSEN FIELD. OVERSEA PROGRAMS THAT ORT AMERICA PROVIDES FUNDING TO INCLUDE KADIMA MADA (SCIENCE JOURNEY), WHICH IS AN INITIATIVE OF THE GLOBAL ORT PROGRAM THAT FOCUSES ON STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH) INSTRUCTION AND THE ISRAEL MINISTRY OF EDUCATION TO ELEVATE SCIENCE AND TECHNOLOGY EDUCATION OF LOW-INCOME ISRAELI MIDDLE AND HIGH SCHOOLS AS A MEANS OF ENHANCING OPPORTUNITIES FOR THE STUDENTS SERVED. ORT'S LATIN AMERICA PROGRAM IS ANOTHER KEY RECIPIENT OF FUNDING, ASSURING THAT JEWISH AND OTHER STUDENTS IN ARGENTINA, MEXICO, URUGUAY, AND ELSEWHERE RECEIVE A CUTTING-EDGE EDUCATION LEADING TO MEANINGFUL CAREERS. ANOTHER PRIMARY RECIPIENT OF ORT AMERICA FUNDING IS THE ORT PROGRAM IN THE FORMER SOVIET UNION AND BALTIC STATES. OVER ROUGHLY TWENTY YEARS, ORT HAS BUILT A NETWORK OF SCHOOLS AND PROGRAMS CURRENTLY SERVING 27,000 STUDENTS ACROSS TEN TIME ZONES.

Name of the organization Employer identification number ORT AMERICA, INC. 13-5562424 ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

NEW YORK, NY 10016

FL, GA, IL, KS, KY, ME, MD, MA, MI,

 $\mathtt{MN}, \mathtt{MS}, \mathtt{MO}, \mathtt{NH}, \mathtt{NJ}, \mathtt{NY}, \mathtt{NC}, \mathtt{ND}, \mathtt{OH}, \mathtt{OK}, \mathtt{OR}, \mathtt{PA},$

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SHULMAN, ROGERS, GANDAL, PORDY & ECKER 12505 PARK POTOMAC AVENUE POTOMAC, MD 20854	LEGAL & CONSULTING	260,351.
FRIEDMAN LLP ONE LIBERTY PLAZA, 165 BROADWAY NEW YORK, NY 10006	ACCOUNTING	162,257.
BLACKBAUD 2000 DANIEL ISLAND DRIVE CHARLESTON, SC 29492	IT SERVICES	152,306.
MBAF 600 THIRD AVENUE, 3RD FLOOR	ACCOUNTING	106,732.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

ORT AMERICA, INC.

Employer identification number

13-5562424

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		512(b)(13) rolled
						Yes	No
(1) WOMEN'S AMERICAN ORT FOUNDATION 36-6161357							
75 MAIDEN LANE 10TH FLOOR NEW YORK, NY 10038	RAISE FUNDS	NY	501(C)(3)	7	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Part III	Identification of Relations because it had one or						inswered "Yes"	on Form	990, Part IV,	line 34,	
Nar	(a) ne, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Predominant	(f) Share of total	(g) Share of end-of-	(h) Disproportionate	(i) Code V - UBI	(j) General or	Pe

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)			(k) Percentage ownership
		,		,			Yes	No		Yes	No	
_(1)	_											
(2)												
(3)	_											
(4)	-											
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Page 3

	$\langle \cdot \cdot \cdot \cdot \cdot \rangle$	- 3
Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c	Х	
	Loans or loan guarantees to or for related organization(s)				1d	Х	
	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		Χ
	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
	Exchange of assets with related organization(s)				1i		X
	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
•	(e),						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Χ
	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
·	or paid omproyood marrolated organization(o)						
n	Reimbursement paid to related organization(s) for expenses				1p		Χ
	Reimbursement paid by related organization(s) for expenses				1q		Χ
ч	Troining and any rotated organization(o) for expenses 1111111111111111111111111111111111						
r	Other transfer of cash or property to related organization(s)				1r	Х	
	Other transfer of cash or property from related organization(s)				1s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	ered relationships and trans	action thres		s.	
	(a)	(b)	(c)	Method	(d)		
	Name of related organization	Transaction type (a-s)	Amount involved		of dete int invo		g
		type (a-s)		amou	iiit iiivC	nveu	
1)							
2)							
3)							
4)							
5)							
6)							
<u></u>							

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	unrelated, excluded	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No	,	Yes	No		
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(40)														
(16)														

Schedule R (Form 990) 2019

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.